

Priority Access Request Form

Date of Request: _____

Type of Request: ☐ Special Queue ☐ Dedicated Time

Requester:

Name _____

Organization _____

Address _____

Phone Number _____

e-mail Address _____

login Name _____

Project Information:

Project Number (GID) _____

Project Title _____

Brief description of the nature of the work

Principal Investigator _____

Project Manager _____

Funding Source _____

Requested Resources: System Resources

- Required per job _____

+ Maximum number of cpus _____

+ Maximum amount of memory _____

+ Maximum amount of wall clock time _____

- Maximum number of jobs per day _____

Total Required Period of Access _____

Total Required Resources _____

- Maximum number of cpus _____

- Maximum amount of memory _____

- Maximum amount of wall clock time _____

Justification for Access _____

Requester Signature and Date _____

Principal Investigator Signature and Date _____

Project Manager Approval Signature and Date _____

----- For IN Division Use Only -----

Access Approval (signatures & dates):

Division Chief IN

Director HPCC/CAS

Director IT

Director CoSMO
